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Are You a Constant or a Variable?

Lxfx 6 min read · Jun 4, 2025

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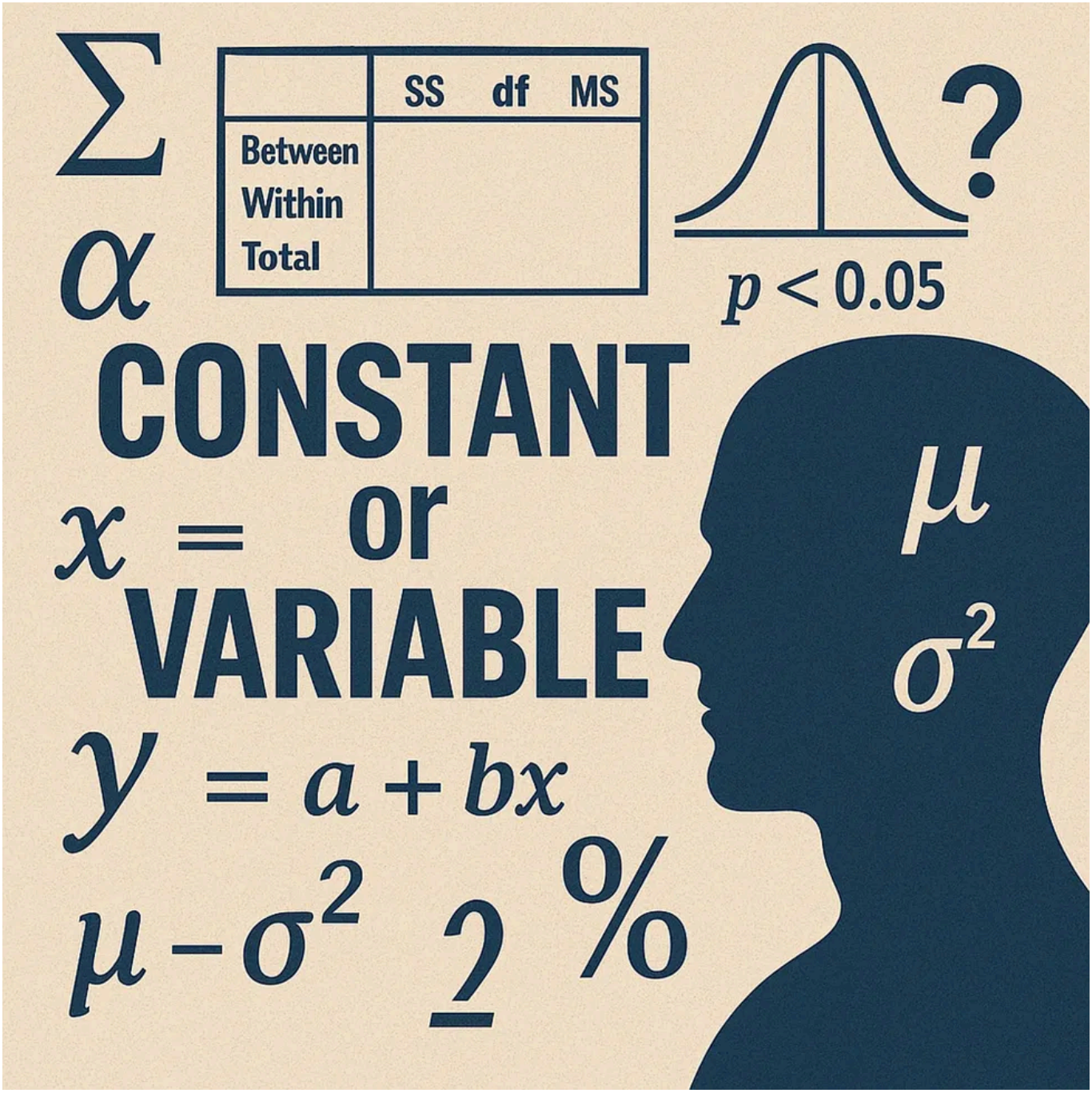

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March 30th, 2025 — North Bay Regional Health Centre, Page 86 of Dr. Vivien Mary Parker's Notes (CPSO#: 68883)

She wrote: *"I stated that I am a constant, however, Leigh informed me that this did not fit into the equation and I was unable to help him any further."* And with that, she signed off: *"I was not able to have any meaningful discussion with this gentleman today and will try again tomorrow."*

What she failed to see — what she perhaps was never trained to see — was that I was testing her.

I asked her, "Are you a constant or a variable?" This wasn't psychosis — it was psychometrics. It wasn't delusion — it was a design. I was measuring her response for construct reliability, for professional flexibility, for empathy. I had read textbooks under streetlights while dancing on the edge of homelessness, finishing degrees in economics and psychology. I knew the language of systems and error margins. I knew what a p-value was. I knew what it meant to model human behavior.

Did she?

Did she — and others — understand the conscious and the subconscious? The day and the night? What it is to survive in a world full of predators? Did she know I had seen both sides of the academic divide — the polished institutions by day, and the shadows they cast at night? That I had served drinks to her colleagues in the clubs? Heard the secrets of those with letters after their names and reputations behind their smiles?

I wonder if she, like others I've met, is one of those with no internal narrative. No reflective voice. No curiosity about how she appears from afar. A Susan Powter of psychiatry — confident, performative, reductionist. Too smart for God, too mechanized for compassion. She carried the tone of personal accountability while avoiding the responsibility of understanding.

No grasp of the science she invoked. No knowledge of trauma, or regression, or the significance of the very constructs she pretended to wield.

After all, I was a high-school educated man according to their chart. Brown hair, brown eyes. Labeled blonde and blue by intake. No trauma history. No context. Just another variable for her to bend to her theory.

She didn't know that I ran from people like her. That I buried myself in the mines — literally and metaphorically — to escape their judgment, their polished hands, their desire to shape and correct and explain me to myself. The narcissist must extract the substrate — the medium — the fuel to perpetuate their narrative.

She wrote her narrative over twenty-one days while I was chemically restrained, psychologically dismissed, and spiritually gutted. Twenty-one days of detailed clinical prose, each line a deeper fiction. Did she ever wonder if she was fantastically wrong?

How do you study someone under scrutiny, sedation, surveillance — and still know nothing of who they are? And then send off your conclusions with a tone so cold it seeks to humiliate? A permanent prescription for forgetting. A chemical erasure. So that I would become nothing. Remember nothing. Feel nothing.

Well done, Dr. Parker. I wonder if you'll teach this victory to your students. Whether you'll use statistical language you do not understand and imagine the external observer is watching with glee, like it's some clinical reality show. I wonder if she knows that when people speak aloud to themselves, it's not madness — it's because their inner world is richer, more complex, more sacred than hers will ever be.

Her response — declaring herself a “constant” — revealed everything. She did not understand that constants in a regression model are often fixed assumptions, control points. But psychiatry isn’t supposed to be fixed. The work demands movement. Sensitivity. Variables. Human interaction is not linear, and trauma doesn’t obey Gaussian distribution.

What I meant by my question was this: *Are you adaptable to the unfolding data of human suffering? Or are you rigid — just another term in an equation that seeks only to normalize?*

She mistook a hypothesis test for a hallucination.

And worse — she tried to turn me into her variable. Something to control, chart, medicate. A data point in her preordained model of cannabis-induced psychosis.

She didn’t recognize we were caught in a classic game theory construct: the **Prisoner’s Dilemma**. I extended trust in the form of inquiry. She responded by defecting — pathologizing the question and withdrawing. There was no mutual benefit to be had; she wasn’t there for both of us. She was there for her own certainty.

If she had even a baseline understanding of the sciences she claims authority over, she would have asked:

- What construct are you referencing?
- What variance are you trying to model?
- What are your inputs?
- What was your null hypothesis?

Instead, she tried to lock me into a box she couldn't even define.

What I needed was someone who could interpret symbolic language. Who could distinguish between metaphor and malfunction. Who could read a regression table and recognize that trauma has error bars. Instead, I was handed sedation. I was drugged into compliance so she could finish writing her paper — maybe even for a journal on the dangers of cannabis psychosis. One more case study, misread.

Dr. Parker was not a constant. She was a confound.

And I — despite my broken sleep, my flooded memory, my system in collapse — was still attempting to model truth.

Conclusion

The DSM has expanded to accommodate a rising tide of dysfunction, mischaracterized as individual pathology rather than systemic failure. Its growth is not a testament to insight, but to the institutional inability to confront the madness of modernity. We build concrete walls of convenience, not care. We normalize surveillance and sedation in the name of treatment.

Twenty years ago I was reviewing the CASIM database, my father and best friend were dying. My thesis year drowned in grief, yet even then I noticed the absence of cancer data for Sudbury — Canada's mining capital. Not coincidentally, the same company responsible for the region's industrial exposure funded both the hospice and hospital where they died. That is the shape of controlled science: omission masquerading as neutrality.

Dr. Parker was not practicing science. She was mimicking it. She is the epitome of the student who abdicates reflection and sits still long enough to receive credentials she did not earn. No grasp of methodology. No appreciation for construct validity or internal consistency. No capacity for humility.

This piece, and the ones to follow, are not acts of vengeance. They are artifacts of survival. This is not who I was before, but it is what I must do now — not to win, but to not die in the foxhole they built around me.

I am aware this may be read by the HRTO, CPSO, Ombudsman, and hospital administrators. I intend it to be. Every word has been measured, every inference traceable. This is not a rant. This is a record.

This article complements formal filings with the Human Rights Tribunal of Ontario (HRTO File 2025-61450-I) and a parallel College of Physicians and Surgeons of Ontario investigation (CAS-485715-F3T5Z0) involving Dr. Vivien Mary Parker (CPSO **68883**). Full documentation and timeline are available in the linked exhibit.

I Was Drugged Before I Was Diagnosed:

A Forensic Case Study of Involuntary Psychiatry at North Bay Regional Health Centre (NBRHC)

📜 **Disclaimer:**
This article reflects the personal lived experience, interpretations, and opinions of the author. All statements concerning Dr. Vivien Mary Parker (CPSO#: **68883**), North Bay Regional Health Centre, and other named individuals or institutions are based on documented personal medical

records, direct observation, and materials disclosed during active legal and regulatory proceedings. The author makes no allegation of criminal behavior but asserts their right to critique medical conduct, institutional accountability, and psychiatric practices as a matter of public interest, protected under the Canadian Charter of Rights and Freedoms and applicable fair comment doctrine. All statistical modeling presented is hypothetical and for illustrative purposes only.

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Written by Lxfx

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Writing from the edge, for anyone who's been misunderstood or erased.

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What are your thoughts?

Lxfx Author
Jun 9

https://youtu.be/_qtFNzbdSSw?si=-Ku2rM3owNdXXo91

Reply

Anna Quest
Jul 22

I had to read it twice, this is so unusual, so captivating, so thought provoking... that I can't explain in words. I wish Medium allowed 10k claps or more, I would have clicked for this story..
I don't know if I should appreciate your beautiful... more

2 1 reply Reply

Anna Quest
Jul 22

> Dr. Parker was not a constant. She was a confound.

Confound.. what a strange word.. interesting too

1 Reply

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Underground

There are two ways into a mine: the shaft or the portal.

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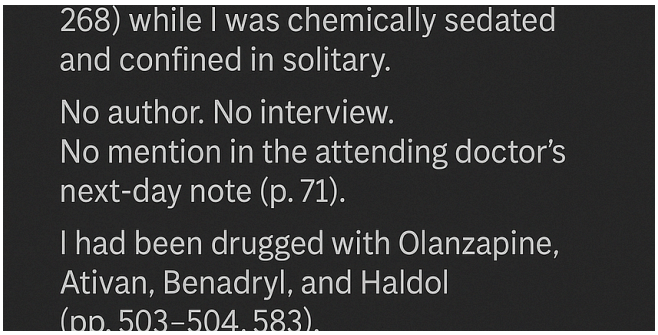
268) while I was chemically sedated and confined in solitary.
No author. No interview.
No mention in the attending doctor's next-day note (p. 71).
I had been drugged with Olanzapine, Ativan, Benadryl, and Haldol (pp. 503–504, 583).

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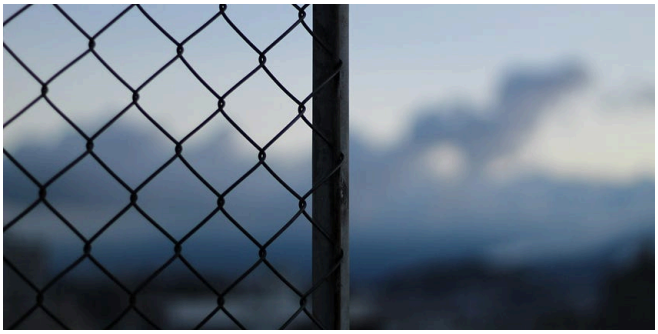

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